

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

3885-63-018055

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

FILED APR 17 1963

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST Louis</u>		c. CITY OR TOWN <u>ST Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>INCARNATE WORD</u>		d. STREET ADDRESS (If outside, give location) <u>5516A VIRGINIA</u>	
3. NAME OF DECEASED (Type or print) <u>CELESTE R. PARKER</u>		4. DATE OF DEATH Month <u>April</u> Day <u>5</u> Year <u>1963</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>NOV 23-03</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SOCIAL WORKER</u>		11. BIRTHPLACE (City and state or country) <u>ST LOUIS MO</u>	
13a. FATHER'S NAME <u>BENJAMIN REINBERGER</u>		14. NAME OF HUSBAND OR WIFE <u>DIVORCED</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>GERTRUDE RYAN 5516A VIRGINIA</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pleuving with effusion (Cancer)</u> DUE TO (b) <u>Coccioma metastatic / Ribes removed Apr 6 mo</u> DUE TO (c) <u>Bilateral Coccioma of both breasts 3 yr</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>170x</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>170x</u> a.m. <u>170x</u> p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	
20g. STATE		21. I attended the deceased from <u>July 30 60</u> to <u>April 4-63</u> and last saw her alive on <u>April 4 1963</u> Death occurred at <u>4-5-63 2A</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Martin J. Klesner M.D.</u>		22b. ADDRESS <u>506 Olive St</u>	
22c. DATE SIGNED <u>4/5-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
23b. DATE <u>APRIL 6-63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>CALVARY Cem.</u>	
23d. LOCATION (City, town, or county) <u>ST Louis</u>		23e. STATE <u>Mo</u>	
24. FUNERAL DIRECTOR <u>Thos Rautis 2906 Gravois</u>		25. DATE RECD. BY LOCAL REG. <u>APR 5 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Roan Smith, M.D.</u>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eleanor Province

Licensed Embalmer No. 3403

P. O. Address 2906 Jarvis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Mr. M. Blanton
506 Olive,
Ch 1-5025

10:30 - 3:30